<u>, , , , , , , , , , , , , , , , , , , </u>	<i>j</i>	•									10	1-27-0
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  Application or Doctor Number  09 90 535  407 - 060												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TC	TAL CLAIMS		18		٠. <del>٤</del> .			RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/6 minus 20=		• \$			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		· 6			X40=		OR	X8O=	
SE.	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=			+270=	
* if the difference in column 1 is less than zero, enter **O* in column 2						F	TOTAL		OR	TOTAL	710	
CLAIMS AS AMENDED - PART II								·	L	ייין	OTHER	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HEGH NUM PREVK PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ğ	Total	• 24	Minus 20	**	4	8		X2 9=		ОЯ	X\$18=	72
	Independent	• 8	Minus 3		5	-	T	X40=	·	OR	X80=	440
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ľ	+135=		OR	÷270=	
	•						L	TOTAL		~	YOYAL	512
	5-18-05 (Column 1) (Column 2) (Column 3)									Jun.	ADOIT. FEE	<u> </u>
4	( )-00	(Column 1)		High		1	ר ו		ADDI-	۱. ا		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT	:	NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
2 9	Total	.24.	Minus	- 2	24	= \	lL	X\$ 9=		OR	X\$18=	
F	Independent	. 6	Minus	···	B	=	1 [	X40=		OR	X80=	
Ľ	HRST PRESE	NTATION OF MI	JUINTE DE	CHUCK	CONIM	·	<b>'</b> [	+135=		OR	+270=	
								YOTAL DOIT, FEE		OR	YOYAL ADOIT, FEE	
(Column 1) (Column 2) (Column 3)								DOII. PEE		,	NOOTI. FLAN	
_		(Column 1) CLAIMS		High	12.00	Tommini SI	1 -		ADDI.	1		ADDI-
ENT C		REMAINING 'AFTER AMENDMENT		PREVE PAID	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
<b>§</b>	Total	.25	Mirrus	-24	<u> </u>	- (		X\$ 9=		OR	X\$18=	6b/
AMENDMENT	Independent	• 7	Minus	/	()	<del>-</del> /	1 [	X40=		OR	X80=	200,
Ľ	FIRST PRESE	NIATION OF MA	Allrub DE	-awa			<b>¹</b> [	<b>+135</b> =		OR	+270=	
" If the entry in column 1 is tess than the entry in column 2, write "0" in column 3.  " If the "Righart Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE											TOTAL ADDIT. FEE	35W
"If the Trighest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3."  The Trighest Number Previously Paid For" (Total or independent) is the highest number tound in the appropriate box in column 1.												

FORM PTO-471

Petent and Tradoment Office, U.S. DEPARTMENT OF COMMERCE